

BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE

Professor J.K. Collins,
Department of Microbiology,
University College Cork,
Cork,
Ireland.

INTERNATIONAL FORM

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: Lactobacillus salivarius subsp salivarius (UCC 118)	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: NCIMB 40829
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I above was accompanied by:	
<input type="checkbox"/> a scientific description <input checked="" type="checkbox"/> a proposed taxonomic designation (Mark with a cross where applicable)	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I above, which was received by it on 27 November 1996 (date of the original deposit) ¹	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on (date of the original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on (date of receipt of request for conversion)	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: NCIMB Ltd 23 St Machar Drive Aberdeen AB9 8QD Address: UK AB9 8RY	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): <i>[Signature]</i> Date: 2 December 1996

¹ Where Rule 6.4(d) applies, such date is the date on which the status of international depositary authority was acquired.

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INTERNATIONAL FORM

VIABILITY STATEMENT
Issued pursuant to Rule 10.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified on the following page

NAME AND ADDRESS OF THE PARTY
TO WHOM THE VIABILITY STATEMENT
IS ISSUED

I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
Name: Address: AS ABOVE	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: NCIMB 40829 Date of the deposit or of the transfer: 27 November 1996
III. VIABILITY STATEMENT	
The viability of the microorganism identified under II above was tested on 27 November 1996 ¹ . On that date, the said microorganism was ² <input checked="checked" type="checkbox"/> viable <input type="checkbox"/> no longer viable	

¹ Indicate the date of the original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a) (ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box.

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴

V. INTERNATIONAL DEPOSITARY AUTHORITY

Name:

NCHMB Ltd

Address:

23 St Machar Drive
Aberdeen Scotland
UK AB2 1NYSignature(s) of person(s) having the power
to represent the International Depositary
Authority or of authorized official(s):*J. Baxter*
Date: 2 December 1996⁴ Fill in if the information has been requested and if the results of the test were negative.

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INTERNATIONAL FORM

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issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM	
<p>Identification reference given by the DEPOSITOR:</p> <p>Lactobacillus salivarius subsp salivarius (UCC 1)</p>	<p>Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY:</p> <p>NCIMB 40830</p>
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
<p>The microorganism identified under I above was accompanied by:</p> <p><input type="checkbox"/> a scientific description</p> <p><input checked="" type="checkbox"/> a proposed taxonomic designation</p> <p>(Mark with a cross where applicable)</p>	
III. RECEIPT AND ACCEPTANCE	
<p>This International Depositary Authority accepts the microorganism identified under I above, which was received by it on 27 November 1996 (date of the original deposit)¹</p>	
IV. RECEIPT OF REQUEST FOR CONVERSION	
<p>The microorganism identified under I above was received by this International Depositary Authority on (date of the original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on (date of receipt of request for conversion)</p>	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
<p>Name: NCIMB Ltd 23 St Machar Drive Aberdeen Scotland UK AB9 1RY</p> <p>Address:</p>	<p>Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): <i>J. Baxter</i></p> <p>Date: 02 December 1996</p>

¹ Where Rule 6.4(d) applies, such date is the date on which the status of international depositary authority was acquired.

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FOR THE PURPOSES OF PATENT PROCEDURE

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INTERNATIONAL FORM

VIABILITY STATEMENT
issued pursuant to Rule 10.2 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified on the following page

NAME AND ADDRESS OF THE PARTY
TO WHOM THE VIABILITY STATEMENT
IS ISSUED

I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
Name:	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY:
Address: AS ABOVE	NCIMB 40830
	Date of the deposit or of the transfer:
	27 November 1996
III. VIABILITY STATEMENT	
The viability of the microorganism identified under II above was tested on 27 November 1996 ¹ 2. On that date, the said microorganism was	
<input checked="checked" type="checkbox"/> viable	
<input type="checkbox"/> no longer viable	

¹ Indicate the date of the original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box.

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴

V. INTERNATIONAL DEPOSITARY AUTHORITY

Name:

NCHMB Ltd

Address:

23 St Machar Drive
Aberdeen Scotland
UK AB9 1RYSignature(s) of person(s) having the power
to represent the International Depositary
Authority or of authorized official(s):*A. Baxter*

Date: 2 December 1996

⁴ Fill in if the information has been requested and if the results of the test were negative.